COMMANDING OFFICER U. S. COAST GUARD PERSONNEL SERVICE CENTER

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PSCNOTE 5000 24 OCT 2003

CANCELLED: 24 OCT 2004

PERSONNEL SERVICE CENTER NOTICE 5000

Subj: BAH, DEPENDENCY AND EMERGENCY DATA FORMS AND REPORTS

Ref:

- (a) Personnel and Pay Procedures Manual, PSCINST M1000.2(series)
- (b) U. S. Coast Guard Pay Manual, COMDTINST M7220.29(series), Chap. 3-F
- (c) Coast Guard Personnel Manual, COMDTINST M1000.6(series), Chap 18-A
- 1. <u>Purpose</u>. This notice publishes changes to the process and procedures, described in Chapter 5 of reference (a), for the maintenance and annual verification of Basic Allowance for Housing (BAH), dependency and emergency data.
- 2. <u>Action</u>. Follow the procedures set forth in this notice to ensure compliance with the requirements in references (b) and (c) for the maintenance and annual validation of BAH, dependency and emergency data.
- 3. <u>Directives Affected</u>. The contents of this notice will be incorporated in the next change to reference (a).
- 4. <u>Discussion</u>. The BAH/Dependency/Emergency Data form, CG-4170A, has been used for many years as the vehicle for recording and verifying a member's dependency and emergency data. The CG-4170A is a computer-generated form, which only Servicing Personnel Offices/PERSRUs can print or modify.
 - a. While some of the information on the CG-4170A, such as dependency data, must be keyed into the pay and personnel system to facilitate accurate payment of BAH and other entitlements, there is no requirement to maintain (in the pay and personnel system) designation of beneficiaries for the *Death Gratuity*, *Unpaid Pay and Allowances* or *Person to Receive an Allotment of Pay if Missing or Unable to Transmit Funds*. Such designations must be made in writing, signed by the member and witnessed. CG PSC-2020D, Designation of Beneficiaries, has been developed for this purpose.

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В		6	10	1	8	5				3	3				3	1			3	3	3	1		1	3	1
С	3	3		2	2	2	1		1		10	2	1	3*			2	2		1		2	1	1	1	1
D		2	3	4		1	0	2	1		1	1	1	0		1	1	0	2	1		1	1	2	1	1
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PSCNOTE 5000 24 OCT 2003

- b. CG PSC-2020, Dependency Worksheet will continue to be used as the source document for recording dependents for BAH entitlement purposes. Dependency data is entered into PeopleSoft by Servicing Personnel Offices/PERSRUs. Computer-generated BAH/Dependency forms are available in PeopleSoft to facilitate the annual validation required by reference (b). The computer-generated BAH/Dependency forms will also be used to record approval of dependents by PSC (LGL) when required.
- 5. <u>Process</u>. This section provides an overview of the process for updating and validating BAH, dependency, beneficiary designations and emergency contact information.
 - a. **BAH/Dependency Information.** Per reference (a), BAH/Dependency information, must be provided to the Servicing Personnel Office/PERSRU by all active duty and reserve members and cadets upon:
 - Initial entry into the Coast Guard or Coast Guard Reserve
 - Reenlistment after a break in service
 - Change in status from enlisted to officer or officer to enlisted
 - Recall to active duty of retired members
 - Reporting to a new Permanent Duty Station
 - Anytime a member acquires initial or additional dependents
 - When any material change occurs in dependency status. (Separation, divorce, death of dependent, dependent entering the Armed Forces, voluntarily withdrawing dependency claim, etc.)
 - (1) Form CG PSC-2020, Dependency Worksheet, is the source document for BAH/Dependency information. The Servicing Personnel Office/PERSRU will enter the dependency data in PeopleSoft and generate the BAH/Dependency form (old CG-4170A) for the member's signature. The signed BAH/Dependency form is then filed in the PERSRU PDR.
 - b. <u>Beneficiary Designations</u>. Beneficiaries for Death Gratuity, Unpaid Pay and Allowances and Person to Receive Allotment of Pay if Missing or Unable to Transmit Funds are designated by the member on form CG PSC-2020D, Beneficiary Designations. A CG PSC-2020D must be completed and forwarded to the Servicing Personnel Office/PERSRU by all active duty and reserve members and cadets per paragraph 5.a (above) and when the member desires to change beneficiary designations. Beneficiary designation policy can be found in Chapter 18 of reference (c).
 - (1) The original signed, witnessed, CG PSC-2020D is filed in the PERSRU PDR. Units that maintain unit PDRs should retain a copy for filing in the unit PDR.
 - c. <u>SGLI/Family SGLI Elections and Beneficiary Designations</u>. Servicemembers' Group Life Insurance (SGLI) and Family SGLI elections and designation of beneficiaries are made using SGLV Forms 8286 and 8286a. These forms are completed by the member and forwarded to the Servicing Personnel Office/PERSRU where the member's election is recorded for payroll deduction purposes. Beneficiary data is not entered in PeopleSoft, only the member's election

PSCNOTE 5000 24 OCT 2003

- and, if applicable, coverage amounts are recorded. SGLI elections must be verified per paragraph 5.a (above).
- d. <u>Emergency Contacts Information</u>. The member enters and reviews their Emergency contacts information in PeopleSoft or, in the case of units with insufficient connectivity a supporting unit can print the Emergency Contact Information report and send to the member or unit for verification. The user can either update the information using PeopleSoft self-service, or make the necessary changes and return to the support unit for data entry.
- 6. <u>Annual Validation of BAH/Dependency and Emergency Data</u>. Per reference (b) members must verify their BAH entitlement and certify dependent status annually during the month of November. Member's beneficiary designations and emergency contacts are also certified annually in November.
 - a. Servicing Personnel Offices/PERSRUs and units (if they have the administrative capability) may utilize the CG-4170A annual validation process prescribed on page 5-C-2 of reference (a) to complete the annual validation. New CG-4170A forms can no longer be created. The form has been replaced, in PeopleSoft, by the BAH/Dependency Data form and the Emergency Contact Information report. If the member notes the need for any corrections or changes to the beneficiary designations sections of the CG-4170A, a CG PSC-2020D, Designation of Beneficiaries, must be completed and forwarded to the Servicing Personnel Office/PERSRU. If changes to BAH eligible dependent data are required a CG PSC-2020, BAH/Dependency Worksheet, must be completed and forwarded to the Servicing Personnel Office/PERSRU. The Servicing Personnel Office/PERSRU will enter the dependency changes in PeopleSoft and generate a BAH/Dependency Data form for the member's signature.
 - b. The new computer-generated BAH/Dependency Data form and Emergency Contact Information report may be used in place of CG-4170A for annual validation. Both the form and the report can be printed for all members of a unit at the same time, eliminating the need to remove and copy forms from the members' records. However, if the computer-generated forms and reports are used, units must provide members with blank CG PSC-2020D, Beneficiary Designation, forms in order to record their beneficiary designations.

7. Forms/Reports.

- a. <u>CG PSC-2020D</u>, <u>Designation of Beneficiaries</u>. CG PSC-2020D is available on PSC's Internet site http://www.uscg.mil/hq/psc/forms.
 - (1) The form is in Adobe Acrobat file format and can be filled out online and printed. The form can be filled in by hand if necessary. However, all entries must be legible. Enclosure (1) to this notice provides a sample of the new form.
- b. <u>CG PSC-2020, Dependency Worksheet</u>: CG PSC-2020D is available in enclosure (1) to reference (a) or, from the PSC Internet site.

PSCNOTE 5000 24 OCT 2003

c. <u>BAH/Dependency Data Form (Computer-Generated).</u> Servicing Personnel Office/PERSRU and Command users may print the BAH/Dependency Data form, either individually or for all members assigned to a unit, by following this menu path in PeopleSoft:

<u>Administer Workforce</u> > <u>Administer Workforce</u> (GBL) > <u>Use</u> **Dependency/Emergency Data**.

This will open the Dependency/Emergency Data activity guide. The activity guide has links for generating the form. A sample form is included as enclosure (2) to this notice. Refer to the PeopleSoft online help for detailed procedures:

http://www.uscg.mil/hq/psc/ps

- d. <u>Emergency Contact Information Report.</u> Servicing Personnel Office/PERSRU and Command users may print the Emergency Contact Information report, either individually or for all members assigned to a unit, by following the procedure in paragraph 6.c (above). A sample report is included as enclosure (3) to this notice.
- e. <u>Servicemembers' Group Life Insurance (SGLI) forms</u>. SGLV forms 8286 (SGLI Elections) and 8286A (Family SGLI Elections) are available by following the links on PSC's Internet forms page or directly from the Office of Servicemembers' Group Life Insurance Internet site at:

http://www.insurance.va.gov/sgliSite/forms/forms.htm

The September 2003 revision to the SGLV-8286 form includes a continuation sheet which provides additional space for recording multiple beneficiaries. The new form should be used in lieu of listing additional beneficiaries on plain paper.

/s/ M. P. SULLIVAN Acting

Encl: (1) CG form PSC-2020D, Designation of Beneficiaries

- (2) Example BAH/Dependency Report
- (3) Example Emergency Contact Report

Department of Homeland Security

U. S. Coast Guard

CG PSC-2020D (Rev. 10/03)

Designation of Beneficiaries

Purpose: To designate your beneficiaries for gratuity pay, unpaid pay and allowances, or person to receive allotment of pay if missing or unable to transmit funds. This form replaces the applicable portions of form CG-4170A (Computer Generated).

This form <u>does not</u> designate Servicemembers' Group Life Insurance (SGLI) beneficiaries. Whenever you have a dependency change (i.e. spouse), you should also review SGLI beneficiary information. You change your SGLI beneficiary(jes) by completing a new SGLV-8286 (http://www.insurance.va.gov/sgliSite/forms/forms.htm).

				86 (http://www.insurance.va.gov/sgli		
	I – MEMBER	DATA				
1. Name (last, first	, middle):				2. Employee ID:	
3. Rate/Rank:		4. Unit:				
Your spous	e and eligible not list your	children are autor spouse or childrer	matically denoted in the national material mater	IN EVENT THERE IS NO SURVIVING Sesignated by law as the beneficiary of you this section, list the blood relative (Parent children are not alive after you die. (SEE	ur death gratuity, if the consideration of the cons	ney are alive after
5 Name (First, MI, Las			Address (including zip code) & Phon	ie F	Relationship
5a.				5b.	5	3.
Principal						
Prin						
				Area Code & Phone:		
5d. (Person	to receive gratuity if P	rincipal is not alive when you	ı die)	5e∙	51	
feut						
Contingent						
ပိ						
				Area Code & Phone:		.
		` '		PAY AND ALLOWANCES (SHARES M	UST EQUAL 100%))
	First, MI, Las	nust be entered (S		o⊨) dress (including zip code) & Phone	Relationship	Percent
6a.	,,	-,	6b.		6c.	6d.
						%
6e. (Enter "N/A" if	block 6d is 100%)		Area (Code & Phone:	6g.	6h.
00. (Emoi 1471 ii	5100K 04 10 10070)		0		og.	%
						70
			Area (Code & Phone:		
SECTION	IV - Perso	N TO RECEIVE A		NT OF PAY IF MISSING OR UNABLE TO	O TRANSMIT FUND	S (SEE REVERSE)
	First, MI, Las		Add	dress (including zip code) & Phone	Relationship	Percent
/a.			7b.		7c.	7d.
						%
			Δτος (Code & Phone:		
			- I	ACY ACT STATEMENT	<u> </u>	
In accordance	with 5 USC Secti	on 522a(e)(3), the follo		ation is provided to you when supplying personal in	nformation to the U.S. Co	oast Guard:
				s) – (1)Person(s) to receive death gratuity, (2) Person unable to transmit funds. Routine uses – To provide		
				is information may result in the inability or delay to		icitis. Disclosure –
8. Member's Signa	ture & Printed Name (first, middle, last):				9. Date Signed:
10. Signature, Nan	ne and Title of Witness	s:				

SECTION V - ANNUAL CERTIFICATION	ON		
Items 5 through 7d Certified Correct.	Date:	Member's Signature	
Items 5 through 7d Certified Correct.	Date:	Member's Signature	
Items 5 through 7d Certified Correct.	Date:	Member's Signature	
Items 5 through 7d Certified Correct.	Date:	Member's Signature	
Items 5 through 7d Certified Correct.	Date:	Member's Signature	

NOTES

All fields must be completed. Do not enter "By Law" or leave any beneficiary designation field blank. "Not Applicable or "N/A" may be used in item 6e if only one beneficiary for unpaid pay and allowances is desired.

SECTION II - BENEFICIARY FOR GRATUITY PAY IN EVENT THERE IS NO SURVIVING SPOUSE OR ELIGIBLE CHILDREN

10 U.S.C. 1475-1480, as amended by Public Law 102-190, authorizes paying a Death Gratuity to the survivors of a Coast Guard regular or reserve member, serving with or without pay, who dies:

- While traveling to/from AD/IDT/ADT or while on active duty or while on IDT/ADT
- The survivors of a member who dies within 120 days of their separation date, are also authorized a Death Gratuity, <u>IF</u> the Department of Veterans Affairs (DVA) determines the death was service connected.

Eligible Survivors and Death Gratuity Order of Precedence: The following persons are the <u>only eligible</u> <u>survivors</u> who may receive the Death Gratuity. They are paid in the order of precedence listed below. If an eligible survivor dies before receiving the Death Gratuity, it will be paid to the next living eligible survivor in the order of precedence.

- 1. Lawful spouse.
- 2. Member's children, regardless of their age or marital status, in equal shares.
- 3. **Person designated by the member on the CG PSC-2020D**. However, by law the person designated on the CG PSC-2020D must be a relative; either a parent (natural, adoptive, in loco parentis) or sibling (half-sibling, full blood, adopted). <u>If the person designated on the CG PSC-2020D is not a parent or sibling, the designation is ignored and the Death Gratuity is paid to the next eligible survivor in order of precedence.</u>
- 4. Member's parents, in equal shares.
- 5. Member's siblings half-blood, full blood and adopted, in equal shares.

SECTION III - BENEFICIARY(IES) FOR UNPAID PAY AND ALLOWANCES

Any unpaid pay and allowances, including per diem, travel, transportation of dependents, transportation of household goods, etc., found due a deceased member on date of their death shall be paid to the member's survivors. A member may designate whomever they want to be their beneficiary(ies) for unpaid pay and allowances. If more than one beneficiary is designated, the total of all shares must equal 100%.

<u>Payment Order of Precedence:</u> Unpaid pay and allowances will be paid to the member's survivors in the following order of precedence:

- Beneficiary(ies) designated on Form CG PSC-2020D.
- Spouse
- Child (ren) and descendants of deceased children by representation.
- Parents or to the survivor of them.
- Duly appointed legal representative of the deceased member's estate, or if there be none, to the person(s) entitled by the state laws of the deceased members domicile.

SECTION IV - PERSON TO RECEIVE ALLOTMENT OF PAY IF MISSING OR UNABLE TO TRANSMIT FUNDS

The "Missing Persons Act" provides that pay and allowances continue to accrue to the pay account of any service member for the period he or she is missing or captured and may be paid to the dependents for support. This item reflects the desires of the designator and is used as a guide in the disposition of his/her pay. Allotments to dependents and insurance companies initiated prior to entering a missing status are continued in effect unless unusual circumstances indicate changes.

DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD COMPUTER GENERATED

BAH/DEPENDENCY DATA

EMPLID NAME 100000 Smith,John S.

SERVICING PERSRU

000269 - CG GP CHARLESTON

SPOUSE IN SERVICE INFORMATION

RATE/RANK
Chief Boatswain'S Mate
MARITAL STATUS
Married

CURRENT DUTY STATION
000000 - CGC UNDERWAY
DATE OF MARRIAGE
10-JAN-1989

DEPENDENCY DATA

NAME Smith, Joan T. 1 BAH ELIGIBLE DEPENDENT	YES	DATE OF BIRTH:	15-AUG-1968	DEPENDENCY DATE:	10-JAN-1989	SOCIAL SECURITY NUMBER: RELATIONSHIP: Spouse	555121212
NAME Smith, John A. 2 BAH ELIGIBLE DEPENDENT	YES	DATE OF BIRTH:	22-AUG-1994	DEPENDENCY DATE:	22-AUG-1999	SOCIAL SECURITY NUMBER: RELATIONSHIP: Son	123456789
NAME Smith, Jane, D. 3 BAH ELIGIBLE DEPENDENT	YES	DATE OF BIRTH:	30-MAY-1998	DEPENDENCY DATE:	30-MAY-1998	SOCIAL SECURITY NUMBER: RELATIONSHIP: Daughter	987654331
NAME 4 BAH ELIGIBLE DEPENDENT		DATE OF BIRTH:		DEPENDENCY DATE:		SOCIAL SECURITY NUMBER: RELATIONSHIP:	
NAME 5 BAH ELIGIBLE DEPENDENT		DATE OF BIRTH:		DEPENDENCY DATE:		SOCIAL SECURITY NUMBER: RELATIONSHIP:	
NAME 6 BAH ELIGIBLE DEPENDENT		DATE OF BIRTH:		DEPENDENCY DATE:		SOCIAL SECURITY NUMBER: RELATIONSHIP:	
NAME 7 BAH ELIGIBLE DEPENDENT		DATE OF BIRTH:		DEPENDENCY DATE:		SOCIAL SECURITY NUMBER: RELATIONSHIP:	
NAME 8 BAH ELIGIBLE DEPENDENT		DATE OF BIRTH:		DEPENDENCY DATE:		SOCIAL SECURITY NUMBER: RELATIONSHIP:	
NAME 9 BAH ELIGIBLE DEPENDENT		DATE OF BIRTH:		DEPENDENCY DATE:		SOCIAL SECURITY NUMBER: RELATIONSHIP:	
NAME 10 BAH ELIGIBLE DEPENDENT		DATE OF BIRTH:		DEPENDENCY DATE:		SOCIAL SECURITY NUMBER: RELATIONSHIP:	

FOR CG PERSONNEL SERVICE CENTER USE ONLY

The dependency status of the following family member(s) has been reviewed by PSC LGL in accordance with the CG Pay Manual, COMDTINST M7220.29(series) The family member(s) listed below are approved for BAH eligibility commencing on the dates(s) indicated:

PSC APPRO	OVAL SIGNATURE:				DATE:
NBR:	DATE	NBR:	DATE	NBR:	DATE
NBR:	DATE	NBR:	DATE	NBR:	DATE

MEMBER'S CERTIFICATION

By signature below, I certify that I am supporting the dependents listed above and I will notify my Commanding Officer/Office in Charge of any changes in dependency status. I am aware that making false statements on a claim against the U.S. Government is punishable by court-martial. The penalty for willfully making a false claim is: A maximum fine of \$10,000 or maximum imprisonment of 5 years, or both (U.S. Code, Title 10, Section 287). I further certify that I have reviewed all entries on this form and by signature below, the information contained hereon is correct.

SIGNATURE OF MEMBER: DATE:

Department of Homeland Security EMERGENCY CONTACT INFORMATION

U.S. Coast Guard Computer-Generated

EMPLID: 1234567 Rank/Rate: YNC/E7 Name: Smith, Sean T.

Duty Station: 000652-CG ISC ST LOUIS Servicing HR Site: 000652-CG ISC ST LOUIS

Marital Status: Married

In case of emergency, please notify the following people:

Primary Contact:

Name: Smith, Teresa W Relationship: Spouse

Address: 123 Any Street Phone: 555/555-1212

TOPEKA, KS 666144017

Other Phones: Type Number

Business 555/555-1235 Home 555/555-1234

Other Contacts:

Other Phones: Type

Name: Smith, Kirk A. Relationship: Father

Address: 400 Oak Treee Lane #2 Phone: 354/223-1234

ANYCITY, LA 70000

Other Phones: Type Number

Home 354/223-1234

Name: Jones ,Linda A. Relationship: Mother

Number

Address: 222 MY STREET Phone: 555/123-1234

HOUSTON, TX 77042

Business 555/461-4444 Cellular 555/123-5595

Home 555/123-1234

Name: Smith, Jeffrey P. Relationship: Son

Address: 123 Any Street 312 Phone: 555/555-6114

TOPEKA, KS 666144017

Name: Smith, Marcus P. Relationship: Next of Kin

Address: 3202 CATFISH HOLLOW LANE Phone: 098/555-3456

HOUSTON, TX 77082

Other Phones: Type Number

Business 555/555-3456

Home 098/555-3456

Date Printed:10/08/2003

Subj: ANNUAL VERIFICATION OF BAH, DEPENDENCY AND EMERGENCY DATA

Ref (a) Personnel and Pay Procedures Manual, PSCINST M1000.2(series)

- (b) PSCNOTE 5000, BAH, Dependency and Emergency Data Forms and Reports
- (c) Coast Guard Pay Manual, COMDTINST M7220.29(series)
- (d) Coast Guard Personnel Manual, COMDTINST M1000.6(series)

Introduction

This E-Mail ALPERSRU announces changes to the process, described in Section 5-C-2 of reference (a), for the annual verification of BAH, dependency and emergency data.

Background

Reference (b) published new forms and procedures for recording a member's BAH eligible family members and designation of beneficiaries. Designation of beneficiaries for the *Death Gratuity*, *Unpaid Pay and Allowances* or *Person to Receive an Allotment of Pay if Missing or Unable to Transmit Funds* will now be recorded on CG PSC-2020D, Designation of Beneficiaries form. It is no longer necessary to enter such designations in PeopleSoft.

Validation Process

This is how verification of dependency and emergency data will be accomplished using the new BAH/Dependency form and Emergency Contact report.

Stage	Who does it/ When	What Happens
1	SPO/PERSRU	Forwards to units:
	Week of 03-07 Nov	
		PeopleSoft BAH/Dependency Forms
		2. PeopleSoft Emergency Contact Information
		Report
		3. Copies of members' SGLI Election forms
		(SGLV-8286 & 8286A)
		Note : If the unit has sufficient administrative capability
		and maintains Unit PDR copies of SGLI forms, this
		step is unnecessary as the unit can generate the
		BAH/Dependency Forms and Emergency Contact
		Information Reports from PeopleSoft using
		Command Self-Service access.

Subj: ANNUAL VERIFICATION OF BAH, DEPENDENCY AND EMERGENCY DATA

Validation Process (cont'd)

Stage	Who does it/When	V	What Happens						
2	Unit/	Forwards SGLI Forms, BAH/Dependency Forms and Emergency							
	Upon Receipt		s for verification. Also provides members						
		with blank, or with instructions to access, CG PSC-2020D,							
		Beneficiary Designations fo							
		If a form or report is	Then						
C		not received for a	1. Use the PeopleSoft						
Cont'd		member or is lost or	BAH/Dependency Form or						
b .4		destroyed.	Emergency Contacts Report						
			print procedure to generate a						
			new form/report for the member's verification.						
			2. Provide the member a blank						
			SGLI election form to						
			complete.						
3	Member	1. Completes CG PSC-202	20D, Beneficiary Designation form.						
	NLT 30 Nov		O/PERSRU, retains copy for Unit PDR if						
		one is maintained.	, 13						
		2. Reviews BAH/Depende	2. Reviews BAH/Dependency Data form for accuracy:						
		 Annotates any necessary 							
		• Signs and dates in the "N	Members Certification" area.						
		• Returns to SPO/PERSR	• Returns to SPO/PERSRU, includes						
		CG PSC-2020, BAH De	ependency Worksheet, and supporting						
		_	/removing BAH eligible dependents.						
		3. Reviews Emergency Co	=						
			rections in PeopleSoft using self-service.						
			system, annotates changes on report and						
		returns to SPO/PERSRU of	data entry.						

Continued on next page

Subj: ANNUAL VERIFICATION OF BAH, DEPENDENCY AND EMERGENCY DATA

Validation Process (cont'd)

Stage	Who does	What Happens
	it/When	
4	SPO/PERSRU	Enters, into PeopleSoft, any changes or corrections the member noted using the appropriate process:
		 Dependent/Beneficiary to add or change information about dependents (Note: Appropriate SDA II entries must be completed if dependency change impacts entitlements). Generates a new BAH/Dependency form and forwards to member for signature. Emergency Contact to add or change emergency contact information Life and AD/D Benefits to make SGLI election changes (Note: Data entry is only required when member is changing a SGLI/Family SGLI election, i.e. increasing, decreasing or declining coverage. No data entry is required if the member is only updating beneficiary designations.)
		Files SGLI forms, BAH/Dependency forms and CG PSC-2020D forms in section 4 of PERSRU PDR.

Procedures

Procedures for maintaining dependency and emergency data and printing forms and reports in PeopleSoft are available in the online help at:

http://www.uscg.mil/hq/psc/ps/

An extract of the portions of the online help pertaining to dependency and emergency data is included as enclosure (1).

Continued on next page

Subj: ANNUAL VERIFICATION OF BAH, DEPENDENCY AND EMERGENCY DATA

Failure to Complete Annual Validation

Per Section 3.B.7.b of reference (c), if a member fails to perform the annual dependency certification, the member loses entitlement to Basic Allowance for Housing (BAH) at the With Dependents rate, and shall be paid BAH at the Without Dependent rate until such time as the member provides proper validation. If a member fails to perform the annual validation, the PERSRU shall notify PSC (MAS) via E-Mail to HRSIC-MAS@hrsic.uscg.mil not later than 31 December 2003.

Certification Requirements for Single Member Sponsors and Military Couples With Dependents

Reference (d), Article 4.A.6.g. requires single members with dependents, and military couples with dependents, must also make the following certification on their BAH/Dependency form annually:

"I certify that I am in compliance with Article 4-A-6.g., Coast Guard Personnel Manual. I have made adequate, proper dependent care arrangements and am available for unrestricted worldwide duty."

This certification shall be made in the member's certification area of the form.

Update of DEERS Database

If the member reports a dependency change during review of the BAH/Dependency form, this dependency change shall be reported, as appropriate, in the DEERS database. Additionally, if the member reports a change in residence address, this change in address should be recorded in DEERS as prescribed on pages 5-B-17 and 5-B-18, reference (a).

Questions

Questions regarding the content of this e-Mail ALPERSRU may be directed to PSC Customer Care at (785) 339-2200, or via e-mail.

Released by

Internet release authorized.

/s/ M. P. SULLIVAN Deputy Director

Encl: (1) Dependency and Emergency Data Procedures

Dependency and Emergency Data

Table of Contents

Dependency/Emergency Data Activity Guide	
Introduction	
Procedure	
Add, Remove or Update Family Information	2
Introduction	2
Reference	2
Pages and Tabs	2
Procedure	3
Marriage, Divorce or Spouse's Death	9
Introduction:	
Procedure:	
SGLI and Dependent SGLI	
Introduction:	
Before You Begin:	
Procedure	
Print BAH/Dependency Form	
Introduction:	
Procedure:	
Print BAH/Dependency Forms for a Unit	
Introduction	
Procedure	
Update a Person's Emergency Contact Information	
Procedure	
Print Emergency Contact Information By Employee ID	
Introduction	
Procedure	
Print Emergency Contact Information for a Unit	
Introduction	
Drooduro	34
FIOGEOUIE	ט

Dependency/Emergency Data Activity Guide

Introduction

This section provides the procedures for using the Dependency/Emergency Data Activity Guide to access family information, marital status, SGLI elections, dependency forms, and emergency contact forms.

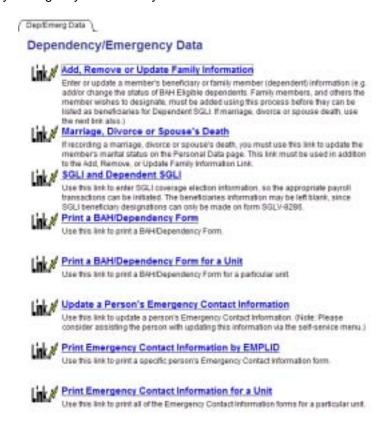
The Activity Guide simplifies navigation by grouping separate tasks into one area.

Procedure

Start Internet Explorer, sign into PeopleSoft and follow these steps to access the Activity Guide.

Step	Action
1	Select menu items in the following order (note, see the Basic Navigation topic for help on using menus):
	<u>Administer Workforce</u> > <u>Administer Workforce (GBL)</u> > <u>Use</u> <u>Dependency/Emergency</u> <u>Data</u>
2	The Dependency/Emergency Data Activity Guide will display. Select the link for the task you want to complete. The link will open a new window, the activity guide will remain open so you can return and select another task without having to navigate the menus again.

The Dependency/Emergency Data Activity Guide:



Add, Remove or Update Family Information

Introduction

This process is used to add/or change the status of (BAH) *Basic Allowance for Housing* Eligible Family members. Family members are not deleted from the member's record when their status changes. For example, if a member reports a divorce, you would change the spouse's relationship to "ExSpouse" and de-select the BAH Eligible box on Personal Profile page.

ONote: If recording a marriage, divorce or death of a spouse, be sure to update the member's marital status on the Personal Data page.

After the data is entered and saved it can be printed on a BAH/Dependency Form. See <u>BAH</u> Dependency Form Print Procedure for more information.

Reference

Before adding a BAH Eligible Family Member you should consult Chapter 3-F of the <u>Coast Guard</u> Pay Manual, COMDTINST M7220.29(series).

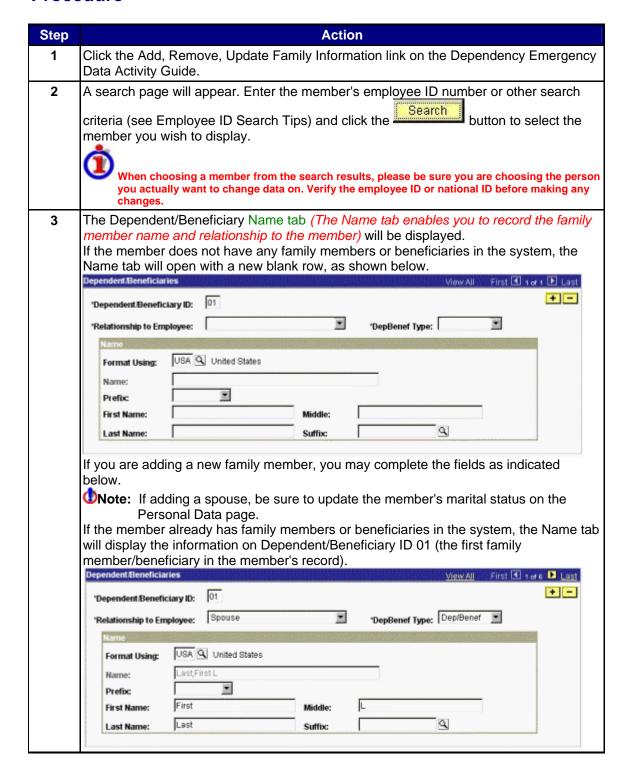
Pages and Tabs

Processing family member/beneficiary information consist of one page and three tabs.

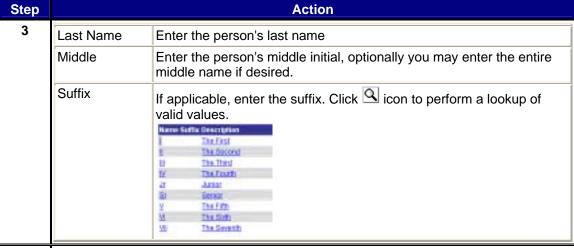
Name Address Personal Profile

- The Name tab enables you to record the family member or beneficiary name and relationship to the member. You must use the Name tab to add or delete dependent/beneficiary records.
- 2. The **Address** tab enables you to record the family member or beneficiary address information.
- 3. The **Personal Profile** tab enables you to record BAH eligibility, birth date and other personal information about the family member or beneficiary.

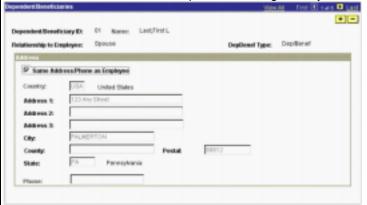
Procedure



Step			Action						
3	 If the member has more than one family member or beneficiary in the system the links at the top of the window will be active. View All First 1 of 6 Last . Click on the View All link, Next Arrow button, or the Last link to view additional family members. Click the + to add an additional family member, a new blank row will be inserted. Name Tab Data Entry:								
	Field	Description/Instructi	ons						
	Dependent/ Beneficiary ID	·	ates this field. It will automat	ically increment it					
	Dependent/Benf Type	pre-defined values to Adopt Daughter Adopt Son Aunt Brother Daughter Employee ExSpouse Father Father-in-Law Former Spouse Friend This field will automat relationship you select select a dependent/bet Use: Benf if this (SGLI, Death member for Beligible dependent/Beligible dependent/Beligible dependent-member-to-member-to-member programents)	Grandchild Grandfather Grandmother In Loco Parentis Legal Guardian Legal Ward Daughter Legal Ward Son Mother Mother-in-Law Neighbor Nephew ically be filled in based on the ted above. You can change eneficiary type from the drop person is being added solely Gratuity, etc) and not as a data purposes. Senf if this person is being ident/family member (Includiember marriages). This type you to use list the person as	Niece Other Other Relative Roommate Sister Son Spouse Step Parent Stepchild Trustee Uncle te type of it if necessary, down menu. y as a beneficiary ependent/family added as a BAH ing spouses in to (DependentBenf) is a beneficiary for					
		name fields and save Name, and Middle Init member/beneficiary.	the page. It displays the Lastial or complete middle name	et Name, First e of the family					
	Prefix	down menu or leave t		from the drop-					
	First Name	Enter the person's firs	t name						



4 Click the Address tab to view, update or change family member address information.

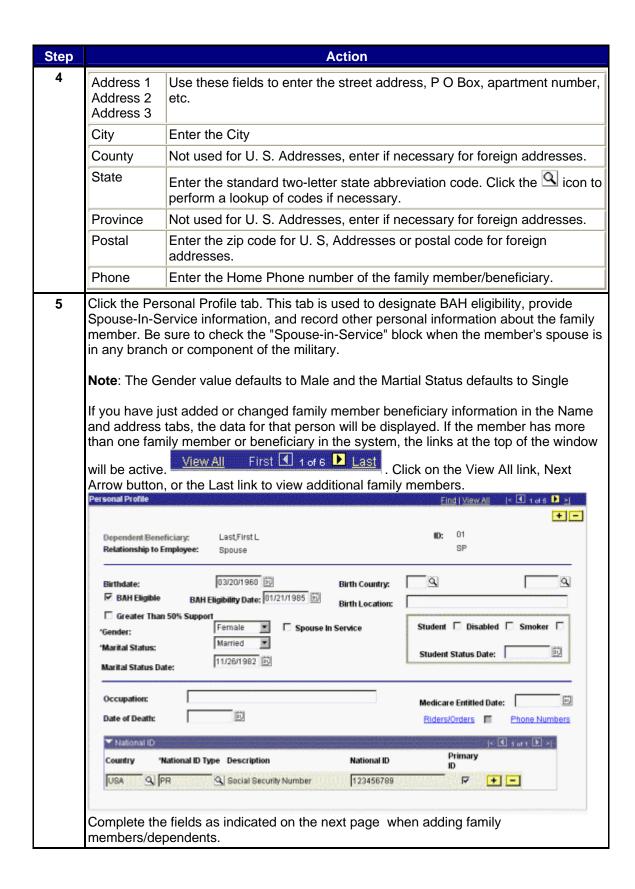


If you have just added or changed family member information in the Name tab, the address data for that person will be displayed. If the member has more than one family member or beneficiary in the system, the links at the top of the window will be active.

View All First 1 of 6 Last . Click on the View All link, Next Arrow button, or the Last link to view additional family members or beneficiaries.

Address Tab Data Entry:

Field	Description/Instructions
Same Address/ Phone as Employee	Click this check box if applicable, the address data will automatically fill based on the member's address information that is already in the system. The phone information will not fill in, you will have to un-check the box in order to enter the family member's phone number. If any of this information is incorrect, it can be updated using one of these procedures: • Employee Address and Home of Record • Employee Home and Mailing Address Change Un-check the box if the family member's or beneficiary's address is no longer the same as the member's.



Personal Profile Tab Data Entry

Field	Description/Instructions				
Birth date	The family member's/dependent's date of birth. This field must be completed if the dependent type is "Dependent" or "Depend/Benf" (BAH Eligible).				
Birth The family member's/dependent's country of birth. Enter the stand					
Country letter country code (e.g. "USA" for United States of America). Click the to lookup valid codes if necessary.					
State Province	The family member's/dependent's state or province (Field label will change depending on the country code entered.) of birth. Enter the standard two-letter				
	abbreviation. Click the 🕓 to lookup valid codes if necessary.				
Birth Location	Enter the birth city.				
BAH Eligible	Click this checkbox if the member will be entitled to BAH with dependents for this family member. Also, click this checkbox even if the member's spouse, in a member-to-member marriage, is on active duty. The spouse in service block (see below) must be checked also.				
	Before adding a BAH Eligible Family Member consult Chapter 3-F of the Coast Guard Pay Manual, COMDTINST M7220.29(series).				
	If the person you are adding is a BAH eligible family member as outlined in the Coast Guard Pay Manual, then this box should be checked.				
	If not a BAH eligible family member (i.e. a child over age 21 and not a full time student), this box should not be checked. Exception : Check this block even if the spouse is an active duty service member.				
BAH Eligibility	If adding a BAH Eligible Family member, enter the date:				
Date	 the member began support (e. g. Child's birth date) dependency was approved by PSC (LGL) of marriage 				
	Note : If the date of marriage, child's date of birth, or dependency is prior to the member's accession date, then the date of accession should be used.				
Greater than 50% Support	Click this checkbox only when the family member does not reside with the member and receives more than 50% of their support from the member.				
Gender	Choose the family member's gender from the drop-down list.				
Marital Status	Chose the family member's marital status from the drop-down list.				
Marital Status Date	Enter the date corresponding to the martial status chosen above. May be left blank when the family member is single. Note: If adding a spouse, this is the date that will be shown as the Date of Marriage on the BAH Dependency Form				

Personal Profile Tab Data Entry (cont'd)

eld	Description/Instructions			
Branch	Spouse in Service. Click the checkbox if this family member is the member's spouse and is in the service. When you click this checkbox, a new drop-down menu item will appear from which to choose the branch of service. You must also enter the spouse's SSN in the National ID information below. The BAH Eligible checkbox (above) must also be marked even if the spouse is on active duty.			
	Check this box when the family member is a child over age 21 but less than 23 attending school full time and is dependent of the member of over half of their support.			
Status	Enter the date the student status became effective.			
t l	Check this box when the family member is an incapacitated child over age 21			
	Not used, leave blank			
tion	Not used, leave blank			
-	Not used, leave blank			
Orders	Not used			
lumbers	Click this link to add additional contact phone numbers for the family member.			
ID	This section is used to record the family member's Social Security Number (SSN). If the member's spouse is in the service, you must provide an SSN.			
	Enter USA			
	Enter PR (for "Primary")			
ID	Enter the family member's SSN.			
ID	Check this box			
Step Action				
Click the button.				
Carefully review the data you have entered before saving this transaction. Be absolute sure all that all the data is correct and that you have not made any typographical errors. Be sure you entered the correct employee ID number when you began this transaction If you have any questions or concerns, cancel the transaction and ask for help. Click to proceed.				
	Status d tion e Date Drders IID IID IID Click the Carefully sure all t Be sure If you ha			

You may now close the window and return to the Activity Guide to begin another transaction.

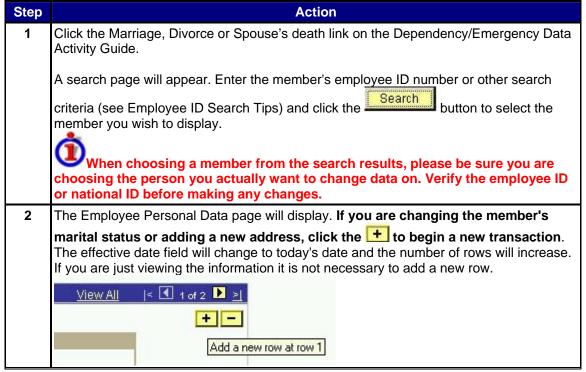
Marriage, Divorce or Spouse's Death

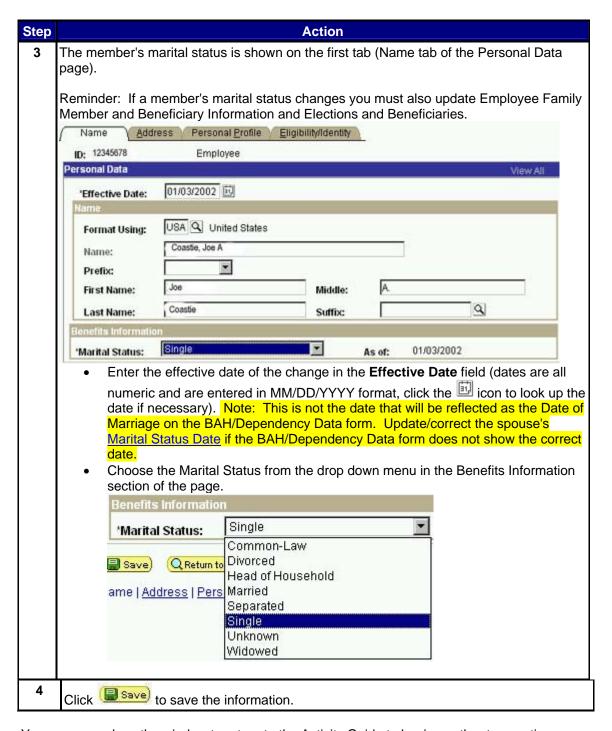
Introduction:

This section provides the procedures for updating a member's marital status.

Procedure:

Start <u>PeopleSoft, sign in</u> and follow these steps to view, enter or change a member's marital status.





You may now close the window to return to the Activity Guide to begin another transaction.

SGLI and Dependent SGLI

Introduction:

This section provides the procedures for entering a member's SGLI (Servicemember's Group Life Insurance) and Dependent SGLI elections.

After the data is entered and saved, PeopleSoft will generate JUMPS (*Joint Uniform Military Pay System*) transactions to start or stop deductions from the member's pay for SGLI premiums.

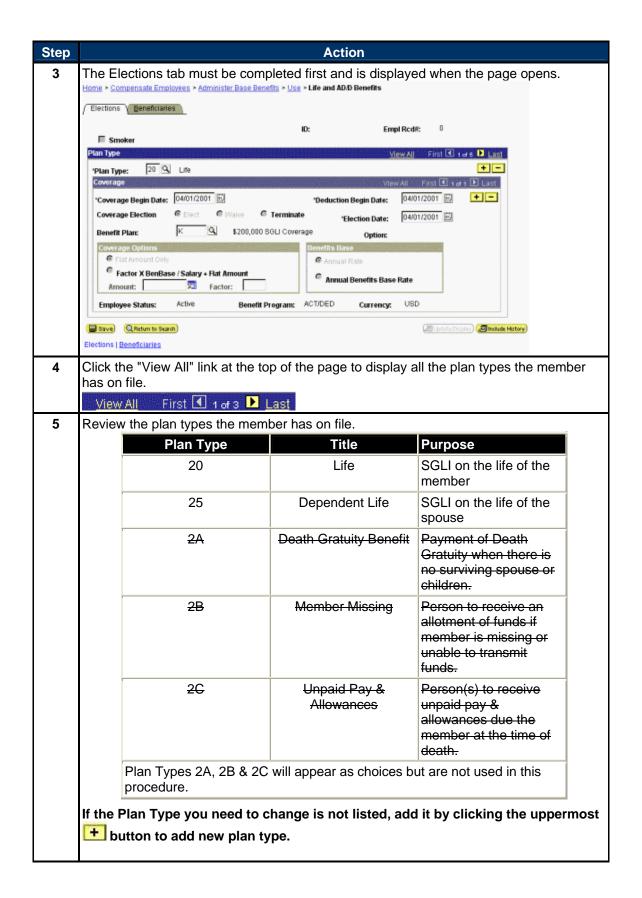
Before You Begin:

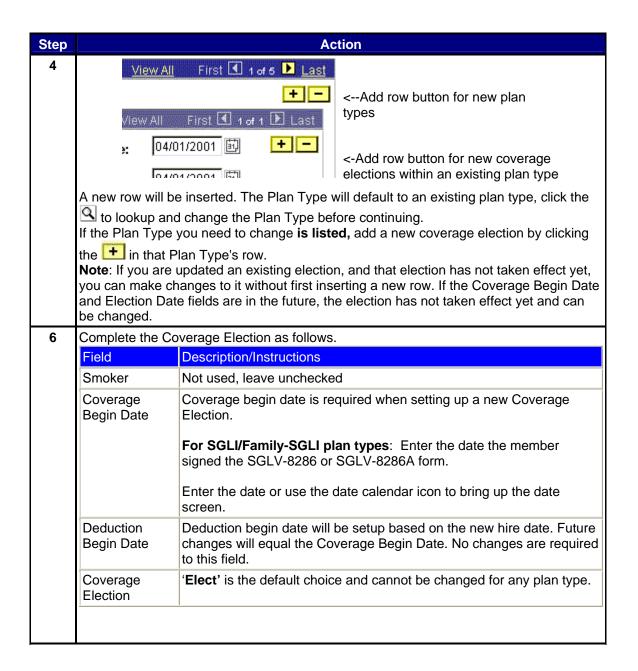
For SGLI elections, the beneficiaries information may be left blank. SGLI beneficiary designations are made by the member on form SGLV-8286 and do not need to be duplicated in PeopleSoft to be valid. In PeopleSoft, we are primarily concerned with capturing the member's coverage election so the appropriate payroll transactions can be initiated. However, you must enter the member's spouse as the beneficiary when inputting SGLI-Family elections. This is true even if the member is declining coverage or stopping coverage.

Procedure

Follow these steps to enter SGLI elections.

Step	Action
1	Click the SGLI and Dependent SGLI link on the Dependency Emergency Data Activity Guide.
2	A search page will appear. Enter the member's employee ID number or other search criteria (see Employee ID Search Tips) and click the member you wish to display. When choosing a member from the search results, please be sure you are choosing the person you actually want to change data on. Verify the employee ID or national ID before making any changes.
3	The Life and AD/D Benefits page will display. There are two tabs on this page. • Elections • Beneficiaries





Step		Action				
6	Benefit Plan	k the to lookup the Benefit Plan Code. SGLI has codes for coverage a \$0 (declined) to \$250K. Family Member SGLI has codes for coverage a \$0 (declined) to \$100K. The other plan types are not used (example for hily SGLI shown below):				
		Plan Type Benefit Plan				
		Dependent Life (Family-SGLI) 0 Zero Option Family SGLI 1 \$10,000 Family SGLI Coverage 2 \$20,000 SGLI Family Coverage 3 \$30,000 SGLI Family Coverage 4 \$40,000 SGLI Family Coverage 5 \$50,000 SGLI Family Coverage 6 \$60,000 SGLI Family Coverage 7 \$70,000 SGLI Family Coverage 8 \$80,000 SGLI Family Coverage 9 \$90,000 SGLI Family Coverage 9 \$90,000 SGLI Family Coverage Y - Administrative Stop. Can only be used by PSC Topeka.				
	Coverage Options These areas are not used.					
	Base Benefits					
7	coverage y For SGLI e information on form SG PeopleSoft so the appr member's true even i Note: Befor Employee I Complete t	neficiaries tab to enter the member's beneficiary designations for the u just added. In just added by the member of the member of the poles of the prize of the poles of				
Field Description/Instructions						
	Plan Type PeopleSoft populates the plan type from the Elections page. Click on View All and then use the scroll bar to view additional plan types.					
	Coverage Begin Date	PeopleSoft populates these fields from the selected coverage.				
	Effective D					
	Benefit Pla					

Step	Action				
7	Distribution By Law	Default value is Checked upon entry into the Coast Guard. This is used when no beneficiary is actually selected for the applicable benefit plan.			
	Beneficiary ID	Click the for a listing of available beneficiaries. If the beneficiary is not listed, you will have to add them using the Employee Family Member and Beneficiary Information update/change process. Note: You must enter the member's spouse as the beneficiary when inputting SGLI-Family elections. This is true even if the member is declining coverage or stopping coverage.			
	Percent of Benefit	Percent of the benefit amount is must equal 100% for all Plan Types except Family Member SGLI, it will be blank, and Member Missing, it can be less than 100%.			
	Flat Amount	Not used, leave blank.			
	Payment Method	For SGLI, choose Lump Sum or Equal Payments as indicated on the member's SGLV-8286 form. All other Plan Types are Lump Sum.			
	Excess	Not used, leave unchecked.			
	Contingent	If this beneficiary is not the primary beneficiary, check this field. Whenever this field is checked, you must list a principle beneficiary or beneficiaries.			
	Totals	PeopleSoft populates based on the sum of the values entered in the Percent of Benefit field for Primary and Contingent beneficiaries. The totals must equal 100% in order to save the data			
8	Carefully review	to save your changes. The data you have entered before saving this transaction. Be absolutely he data is correct and that you have not made any typographical errors.			
	Be sure you entered the correct employee ID number when you began this transaction. If you have any questions or concerns, cancel the transaction and ask for help.				

You may now close the window and return to the Activity Guide to begin another transaction.

Print BAH/Dependency Form

Introduction:

This section provides the procedure to print a BAH/Dependency/ form for an individual. A report, listing all the members at a unit and their BAH eligible family members is also available. See the Print Dependency Data By Unit topic for more information.

The BAH/Dependency data form lists a member's BAH eligible dependents and provides an area for the member to certify the accuracy of the information.

Sample report

DEPARTMENT OF HOMELAND SECURITY U.S. COAST CLAIMS COMPUTER GENERATED

BAH/DEPENDENCY DATA

DIRTLO PARE 100900 Smith, John S. SERICO PERSON SPOUSE INSERICE INFORMATION SPOUSE INSERICE INFORMATION

Chief Boatswain'S Mate 000000 - CGC UNDERWAY MARTIN STATES DEED TO JAN 1889

DEPENDENCY DATA

DATE OF ENTIRE 15-AUG-1968	REPENDENCY DATE: 10-JAIN 1989	SCIA SECREYMMER: 5502/20 REATORISE: Spouse
DATE OF BIRTH 22-AUG-1994	REPENDENCY DATE: 22-AUG-199	SOCIAL SECURITY MEMBER: 123456789 RELATIONSHIP: Son
DATE OF DISTRE 30-MAY-1998	REPENDENCY DATE: 30-MAY-1988	SCCIAL SECURITY MARKET. 987654331 RELATIONSHIP. Coughtor
DATE OF BIRTHS	DEPENDENCY DATE:	SCCIAL SECURITY MIMBER: RELATIONSHIP.
DATE OF EIRTH	REPENDENCY DATE:	SOCIAL SECURITY MARKET: RELATIONSHIP
DATE OF DIRTH:	DEPENDENCY DATE:	SOCIAL SECURITY MIMBER: RELATIONSHIP:
DATE OF BRIDE	REPENDENCY DATE:	SOCIAL SECURITY MANEER: RELATIONSHIP:
DATE OF ERITE	REPUMBLICY DATE:	SCCIAL SECURITY MARKET. RELATIONS RP.
DATE OF BIRTH.	DEPENDENCY DATE:	SOCIAL SECURITY MINIER: RELATIONSHIP
DATE OF BIRTH	DEPENDENCY DATE:	SCIAL SECURITY MIMBER. RELATIONSHIP.
	CATE OF BRITH: 22-BLIG-1998 CATE OF BRITH: 30-MAY-1998 CATE OF BRITH:	CATE OF DRIVE 22-AUG-1994 DEPENDENCY DATE: 22-AUG-1994 CATE OF DRIVE 30-MAY-1998 DEPENDENCY DATE: 30-MAY-1998 CATE OF DRIVE DEPENDENCY DATE: CATE OF DRIVE DEPENDENCY DATE:

FOR CG PERSONNEL SERVICE CENTER USE ONLY

The dependency status of the following family member(s) has been reviewed by PSC LGL in accordance with the GG Pay Manual, COMDTNST N020-28(series) The family member(s) listed below are approved for BAH eighbilty commencing on the dates(s) indicated:

25	C APPR	OVAL SIGNATURE:				DATE:
NE	SR:	DATE	NBR:	DATE	NBR:	DATE
N	JR:	DATE	NBR:	DATE	NBR:	DATE

MEMBER'S CERTIFICATION

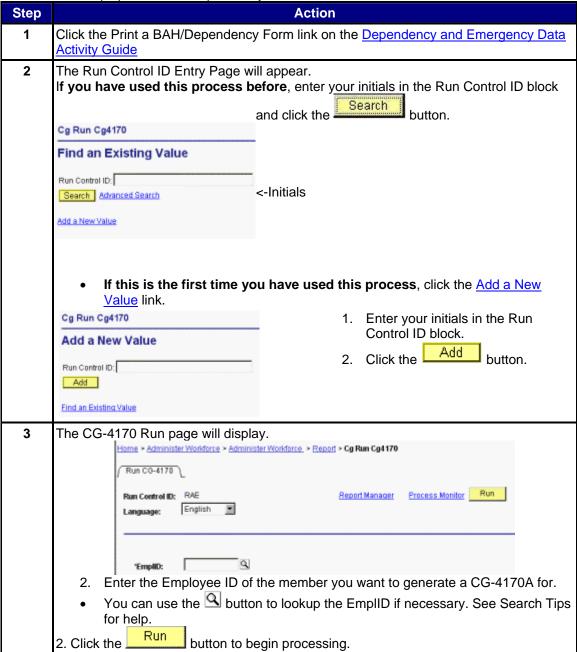
By signature below, I certify that I am supporting the dependents listed above and I will notify my Commanding Officer/Office in Charge of any changes in dependency status. I am aware that making false statements on a claim against the U.S. Government is punishable by court-marked. The penalty for willfully making a table claim is: A mesonant fine of \$10,000 or maximum impresorment of 5 years, or both QU.S. Code, Tife 10, Section 287). I further certify that I have reviewed all entries on this form and by signature below, the information contained hereon is correct.

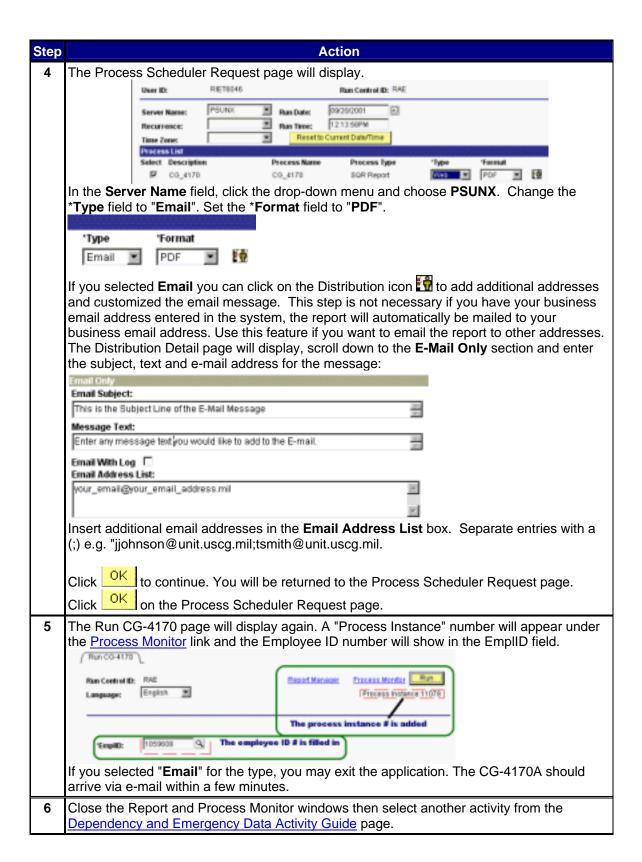
SIGNATURE OF MEMBER: DATE:

COMPGEN - Provious editions are devolute

Procedure:

Follow these steps print a BAH/Dependency Data form.





Print BAH/Dependency Forms for a Unit

Introduction

This section provides the procedure for running the BAH/Dependency Data form. The BAH/Dependency data form lists a member's BAH eligible dependents and provides an area for the member to certify the accuracy of the information.

Sample page from report

DEPARTMENT OF HOMELAND SECURITY U.S. COAST GUARD COMPUTER GENERATED

SPOUSE INSERVICE INFORMATION

BAH/DEPENDENCY DATA

EURLD NAME 100000 Smith, John S. SERVICING PERSHU 0002059 - CG GP CHARLESTON RATEROUS Chief Boatswain'S Mate MARTAL STATUS Married

CHRENT DUTY STATEN 000000 - CGC UNDERWAY DATE OF MARRIAGE 10-JAN-1989

DEPENDENCY DATA

HAB EAJ	E Smith, Joan T. IELISBLE DEPENDENT	YES	DATE OF ENRINE	15-AUG-1968	DEPENDENCY DATE:	10-JAN-1989	SOCIAL BECURITY NUMBER: RELATIONSHIP: Spouse	558121212
NAM BAA	E Smith, John A. ELIGELE DEPENDENT	YES	DATE OF BIRTH	22-AUG-1994	DEPENDENCY DATE:	22-AUG-199	SOCIAL SECURITY NUMBER: RELATIONSHIP: Son	123456789
NAS EAS	E Smith, Jano, D. HELIGIELE DEPENDENT	YES	DATE OF BIRTH:	30-MAY-1958	DEPENDENCY DATE:	30-MAY-1998	SOCIAL SECURITY NUMBER: RELATIONSHIP: Daughter	987654331
HAB	E (ELISBLE DEPENDENT		DATE OF BIRTH:		DEPENDENCY DATE:		SOCIAL BECURITY NUMBER: RELATIONSHIP:	
HAR EAS	E HELIGIBLE DEPENDENT		DATE OF BIRTH		DEFENDENCY DATE:		SOCIAL SECURITY NUMBER: RELATIONSHIP:	
NAS EAS	E (ELIGELE DEPENDENT		DATE OF BIRTH:		DEPENDENCY DATE:		SOCIAL SECURITY NUMBER: RELATIONSHIP:	
BAR	E HELIGBLE DEPENDENT		DATE OF BIRTH		DEPENDENCY DATE:		SOCIAL SECURITY NUMBER: RELATIONSHIP:	
HAB I BAJ	E HELIGIBLE DEPENDENT		DATE OF BIRTH		DEPENDENCY DATE:		SOCIAL SECURITY NUMBER: RELATIONSHIP:	
NAS FEAR	E IELIGELE DEPENDENT		DATE OF BIRTH:		DEPENDENCY DATE:		SOCIAL SECURITY NUMBER: RELATIONSHIP:	
HAB	E HELIGBLE DEPENDENT		DATE OF ENRISE		DEPENDENCY DATE:		SOCIAL SECURITY NUMBER: RELATIONSHIP:	

FOR CG PERSONNEL SERVICE CENTER USE ONLY

The dependency status of the following family member(s) has been reviewed by PSC LGL in accordance with the CG Pay Manual, COMDTINST NP220.29(series) The family member(s) listed below are approved for BAH eligibility commencing on the dates(s) indicated:

PSC APPRI	OVAL SIGNATURE:				DATE:
NBR:	DATE	NBR:	DATE	NBR:	DATE
NBR:	DATE	NBR:	DATE	NBR:	DATE

MEMBER'S CERTIFICATION

By signature below, I certify that I am supporting the dependents listed above and I will notify my Commanding Officer/Office in Charge of any changes in dependency status. I am aware that making false statements on a claim against the U.S. Government is pure inhable by court-martial. The penalty for willfully making a false claim is: A maximum fine of \$10,000 or maximum inpresorment of 5 years, or both (U.S. Code, Title 10, Section 287). I further certify that I have reviewed all entries on this form and by signature below, the information contained hereon is correct.

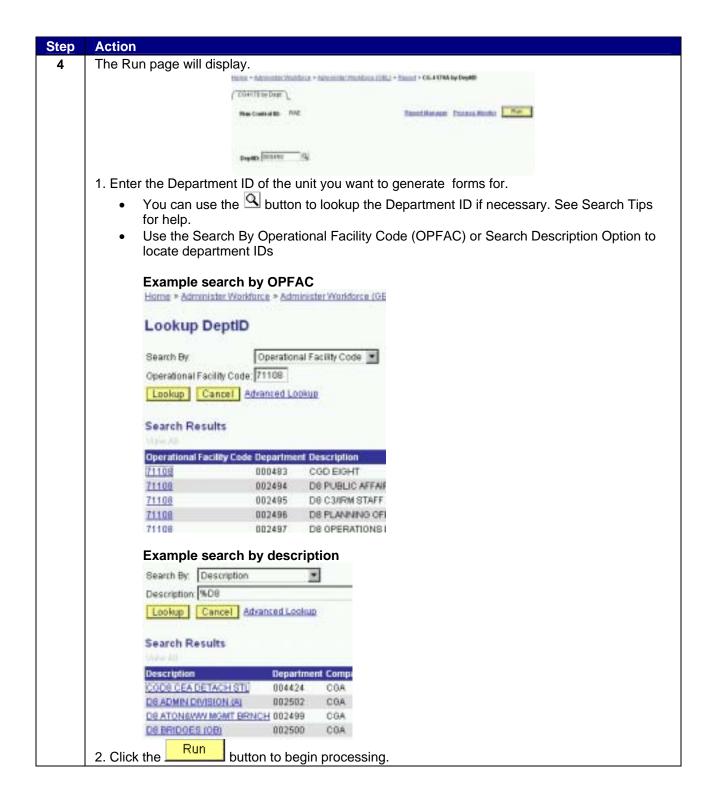
SIGNATURE OF MEMBER: DATE:

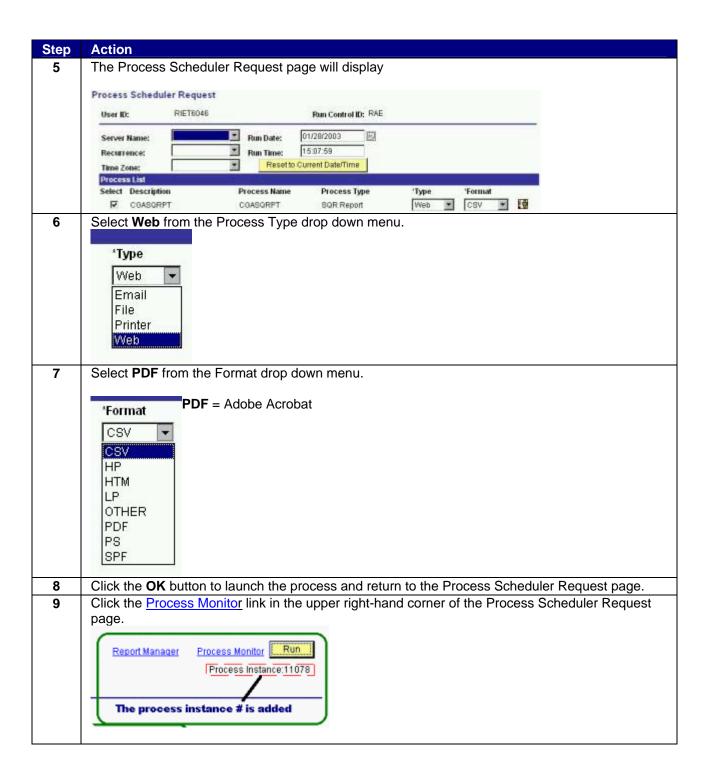
COMPGEN - Previous editions are obsolete

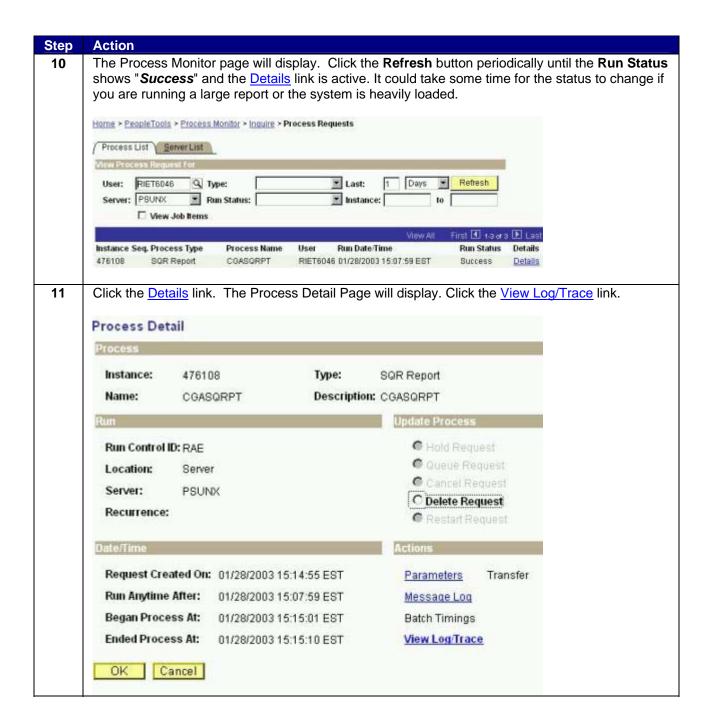
Procedure

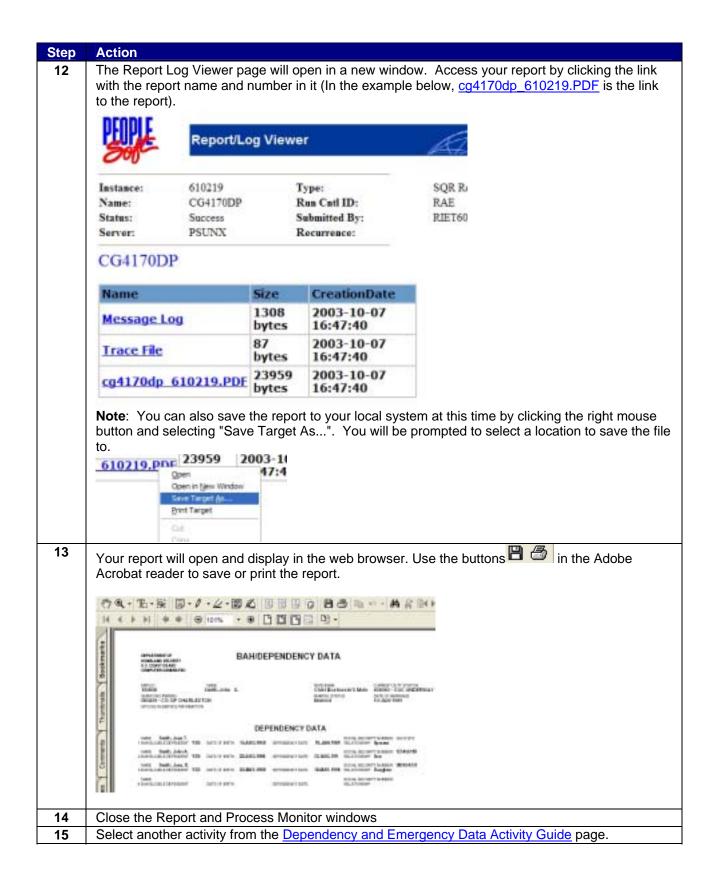
Start Internet Explorer, sign into PeopleSoft (note, see the <u>Signing In topic</u> in the Using PeopleSoft section if you need help getting started) and follow these steps to complete this procedure.

Step	Action						
1	Select menu items in the following order (note, see the Basic Navigation topic for help on using menus):						
	Administer Workforce > Administer Workforce (GBL) > Use Dependency/Emergency Data						
2	The Dependency/Emergency Data Activity Guide will display. Select the Print a BAH/Dependency From for a Unit link						
	Use this link to print a BAH/Dependency Form for a particular unit.						
3	The Run Control ID Entry Page will open in a new window If you have used this process before, enter your initials in the Run Control ID block and click the button. Cg Run Cg+170 Find an Existing Value						
	If this is the first time you have used this process, click the Add a New Value link. 1. Enter your initials in the Run Control ID block. 2. Click the Add button.						









Update a Person's Emergency Contact Information

This section provides the procedures for adding, updating and removing Emergency Contacts for members who do not have access to PeopleSoft self-service.

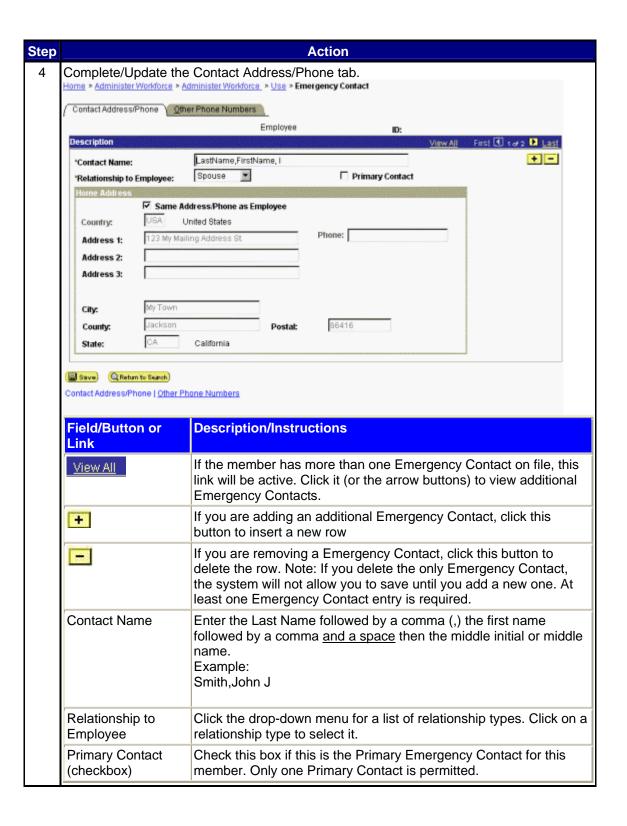
Emergency Contacts are persons, the member designates, who are to be contacted in the event of an emergency. Any person entered as an emergency contact may be contacted in the event the "Primary" contact cannot be reached.

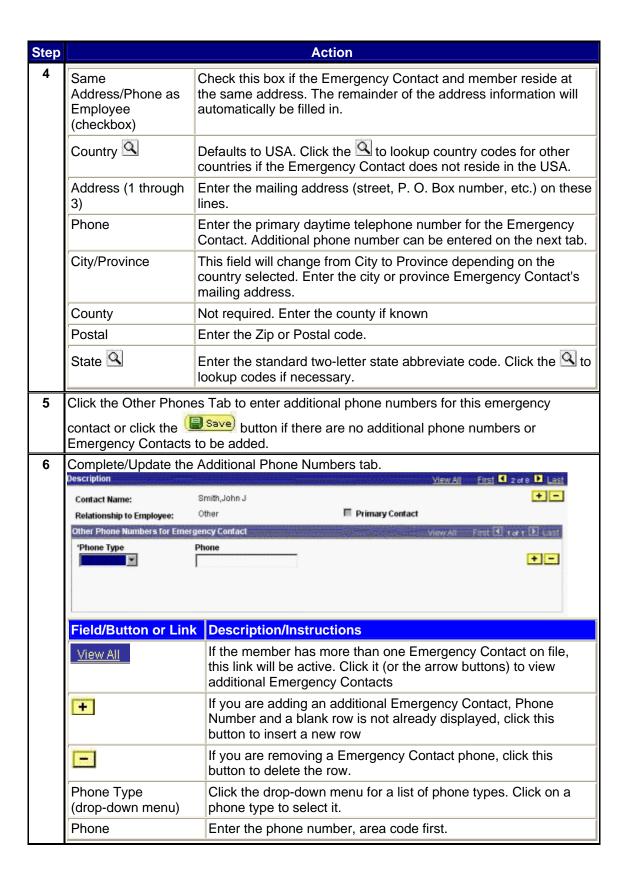
Emergency contact information will be printed on the Emergency Contact Information report. The report can be printed for an <u>individual</u> or for <u>all members of a unit.</u>

Procedure

Follow these steps to update Emergency Contact information.

Step	Action
1	Click the Update a Person's Emergency Contact Information link on the Dependency/Emergency Data Activity Guide.
2	A search page will appear. Enter the member's employee ID number or other search criteria (see Employee ID Search Tips) and click the member you wish to display. When choosing a member from the search results, please be sure you are choosing the person you actually want to change data on. Verify the employee ID or national ID before making any changes.
3	 The Employee Emergency Contact page will display. There are two tabs on this page. The Contact Address/Phone tab (displayed first) allows you to enter the Emergency Contact's name, relationship to the member and address. The Other Phone Numbers tab allows you to enter the Emergency Contact's phone numbers.





Step	Action
7	Click the Contact Address Phone Tab to enter additional Emergency contacts or click the
	button if there are no additional phone numbers or Emergency Contacts to be added.
	Carefully review the data you have entered before saving this transaction. Be absolutely sure all that all the data is correct and that you have not made any typographical errors. Be sure you entered the correct employee ID number when you began this transaction. If you have any questions or concerns, cancel the transaction and ask for help.

You may now close the window and return to the Activity Guide to begin another transaction.

Print Emergency Contact Information By Employee ID

Introduction

This section provides the procedure for printing a member's emergency contact information. The report includes the names, addresses, phone numbers of people the member has designated to be notified in the event of an emergency.

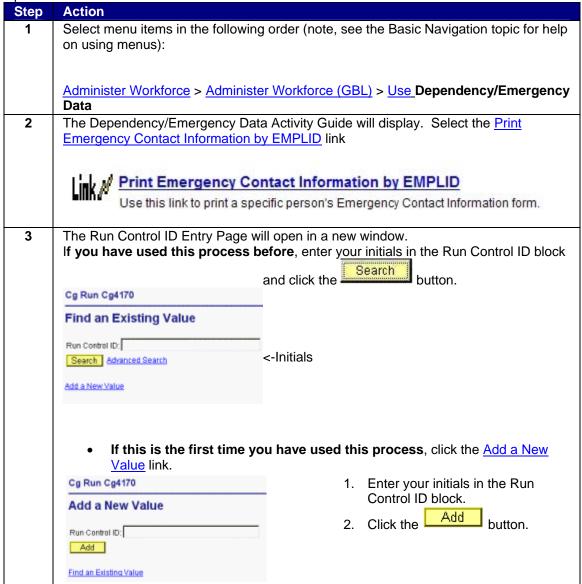
EMERGENCY CONTACT INFORMATION Department of Homeland Security U.S. Coast Guard Computer-Generated EMPLID: 1234567 Rank/Rate: YN1/E6 Name: Smith, Sean T. Duty Station: 000652-CG ISC ST LOUIS Servicing HR Site: 000652-CG ISC ST LOUIS Marital Status: Married In case of emergency, please notify the following people: Primary Contact: Name: Smith, Teresa W Relationship: Spo 123 Any Street Phone: 555/555-1212 TOPEKA, KS 666144017 Relationship: Spouse Address: 123 Any Street Other Phones: Type Business 555/555-1235 Home 555/555-1234 Other Contacts: Name: Smith, Kirk A. Relationship: Father Address: 400 Oak Treee Lane #2 ANYCITY, LA 70000 Phone: 354/223-1234 Other Phones: Type Number Home 354/223-1234 Name: Junes ,Lindamarie A. Relationship: Mother Address: 222 MY STREET Phone: 555/123-1234 HOUSTON, TX 77042 Other Phones: Type Number Business 555/461-4444 Cellular 555/123-5595 Home 555/123-1234 Name: Smith, Jeffrey P. Relationship: Son 123 Any Street 312 TOPEKA, KS 666144017 Address: 123 Any Street 312 Phone: 555/555-6114 Name: Smith.Marcus P. Relationship: Next of Kin Address: 3202 CATFISH HOLLOW LANE HOUSTON, TX 77082 Phone: 098/555-3456 Type Number
Business 555/555-3456
Home 098/555-3456 Other Phones: Type

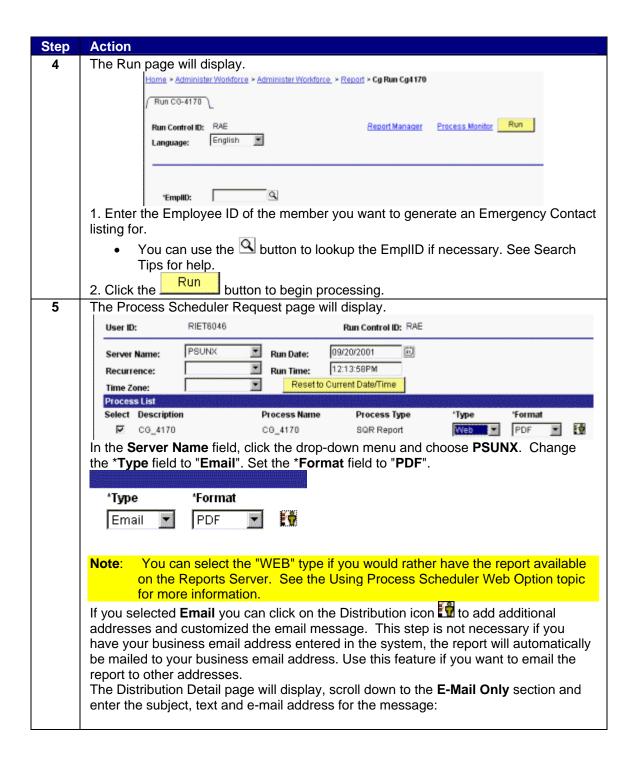
Sample report.

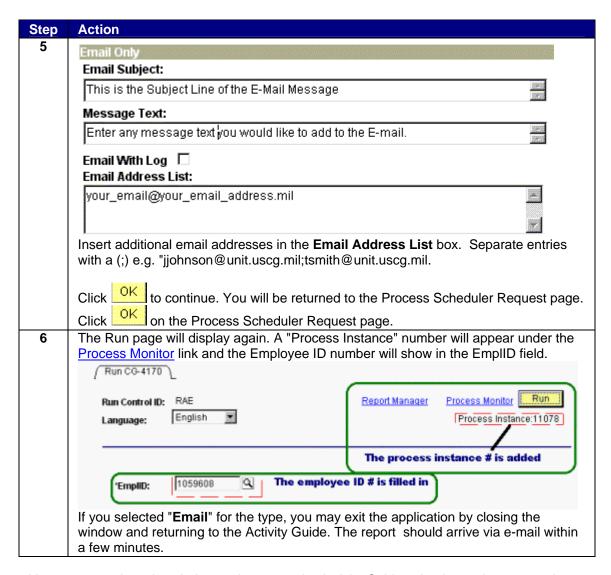
Date Printed:10/08/2003

Procedure

Start Internet Explorer, sign into PeopleSoft (note, see the <u>Signing In topic</u> in the Using PeopleSoft section if you need help getting started) and follow these steps to complete this procedure.







You may now close the window and return to the Activity Guide to begin another transaction.

Print Emergency Contact Information for a Unit

Introduction

This section provides the procedure for running the Emergency Contact Data report. The report includes the names, addresses, phone numbers of people the member has designated to be notified in the event of an emergency.

> EMERGENCY CONTACT INFORMATION Department of Homeland Security U.S. Coast Guard Computer-Generated EMPLID: 1234567 Rank/Rate: YN1/E6 Name: Smith, Sean T. Duty Station: 000652-CG ISC ST LOUIS Servicing HR Site: 000652-CG ISC ST LOUIS Marital Status: Married In case of emergency, please notify the following people: Primary Contact: Name: Smith.Teresa W Relationship: Spouse Address: 123 Any Street Phone: 555/555-1212 TOPEKA, KS 666144017 Type Number
> Business 555/555-1235
> Home 555/555-1234 Home Other Contacts: Name: Smith, Kirk A. Relationship: Father Address: 400 Oak Treee Lane #2 AMYCITY, LA 70000 Phone: 354/223-1234 Other Phones: <u>Type Number</u> Home 354/223-1234 Name: Junes ,Lindamarie A. Relationship: Mother Address: 222 MY STREET HOUSTON, TX 77042 Phone: 555/123-1234 Other Phones: Type Business 555/461-4444 Cellular 555/123-5595 Home 555/123-1234 Name: Smith, Jeffrey P. Relationship: Son TOPEKA, KS 666144017 Phone: 555/555-6114 Address: 123 Any Street 312 Relationship: Next of Kin Name: Smith, Marcus P. Address: 3202 CATFISH HOLLOW LANE HOUSTON, TX 77082 Phone: 098/555-3456 Other Phones: Type Type Number
> Business 555/555-3456
> Home 098/555-3456

Sample report.

Date Printed:10/08/2003

Home

Procedure

Start Internet Explorer, sign into PeopleSoft (note, see the <u>Signing In topic</u> in the Using PeopleSoft section if you need help getting started) and follow these steps to complete this procedure.

